

NC DHHS – NC DMH/DD/SAS

Partial Hospitalization Endorsement Check Sheet Instructions

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

Provider Requirements

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

- a** Review identified documents for evidence that the provider continues to meet DMH/DD/SAS and/or DMA standards related to administration responsibilities, financial oversight, clinical services and quality improvement. Verify the supporting documentation, required in the application, Program Description and Policy and Procedures Manuals and ensure no change has occurred in the organization's business status that might effect its operation.
- b** Review DMA enrollment document to verify provider's date of enrollment.-Following the three year enrollment period with DMA, verify the certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation
- c** Review documentation that demonstrates the provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality **or** the office of the NC Secretary of State, that the information registered with the local municipality **or** the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, licensure, certification and experience consistent with the population served in the capacity and at the level of intervention for which they were hired.

- a** Review program description, personnel manual, job descriptions, employee personnel files and other documentation to ensure that education and licensure are consistent with Partial Hospital program requirements. The partial hospitalization must be under the direction of a physician (preferably a psychiatrist). All services are to be provided by a team that may include the

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following: social workers, psychologists, therapists, case managers and other MH/SA paraprofessionals

- b.** Review program description, personnel manual, and job descriptions. Staffing for partial hospitalization program serving minors has a program director with minimum of two years experience in serving the population, educational preparation in administration, education, social work, nursing, psychology or related field. Review operational schedules to verify staffing ratios of 1:1 and 2:2 or more. Review of policy should reflect education, licensure, experience & training consistent with job requirements and responsibilities.
- c.** In each facility serving adults, review staff schedule and attendance roster to verify staffing and consumer participation in meeting the minimum ratio of 1:6 at all times.
- d.** Verify through personnel files or documentation that a physician, preferably a psychiatrist is providing direction for the milieu of the program and that the physician is participating in diagnosis, treatment planning, and admission/discharge decisions.

Service Type/Setting

- a.** Verify through a review of the actual operational schedule that the services being provided meet the minimum of 4 hours per day, 5 days per week according to 10A NCAC 27G .1100. These hours of operation also apply to a partial hospitalization program that is a component of a hospital.

Program/Clinical Requirements

- a.** Review program description which should be based on a broad range of short-term, intensive therapeutic approaches to increase the abilities of children or adults who are acutely mentally ill in their ability to relate to others and function appropriately. Review scheduling of therapeutic interventions. Verify through reviewing clinical records therapeutic approaches that are consistent with appropriate clinical practices and the needs of the consumers being served.

Documentation Requirements

- a.** Review the provider's Policy and Procedure Manual and service records to verify that documentation requirements are consistent with minimum documentation requirements: daily service notes with identifying elements and dates of service. Verify through the clinical records the purpose of contact, description of provider's intentions, and effectiveness of the interventions and the signature (degree/credentials or position).